

Third Party Authorization for Information Release

This **third party authorization** form sample allows individuals to grant permission for their information to be released to a designated person or organization. It ensures privacy compliance by clearly specifying the scope and duration of the authorization. Using this template simplifies the process of obtaining consent for information disclosure.

1. Individual Granting Authorization

Full Name:

Date of Birth:

Address:

Phone Number:

2. Authorized Third Party

Name of Person/Organization:

Relationship to Individual:

Contact Details (Address/Phone/Email):

3. Information to be Released

Please specify the information to be disclosed:

4. Purpose of Disclosure

Reason for releasing this information:

5. Duration of Authorization

Authorization Start Date:

Authorization End Date (or "Until revoked"):

6. Authorization and Signature

I hereby authorize the release of my information as specified above to the designated third party. I understand this authorization is voluntary and may be revoked by me at any time in writing.

Signature:

Date:

Please keep a copy of this completed form for your records.